# Row 1711

Visit Number: b76d0bc89ef9946aa8ea2d640b602c286a520539e3645fa05c4d1ab87d777e96

Masked\_PatientID: 1710

Order ID: fb337aef355163755ca22c5538108e573f7180a6f97604e40ba1e97a0eed1dd1

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 09/1/2019 13:09

Line Num: 1

Text: HISTORY Multifoccal HCC TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison with previous unenhanced study dated 22 October 2018 from NCC. Stable small right pleural effusion. There is no significant left pleural effusion or pericardial effusion. Stable small prevascular lymph node, nonspecific. No significantly enlarged axillary or hilar lymph node. There is volume loss of the right upper lobe. Tiny calcified granuloma in the left lung. No suspicious pulmonary mass. The visualised mediastinal vasculature is patent. Subcentimetre right supradiaphragmatic lymph nodes are stable. Multifocal hypervascular masses in both hepatic lobes, in keeping with multifocal HCC. Hyperdense deposition of Lipiodol is present in the right hepatic lobe. Surgical clips from prior segmentectomy is also present. The right and left portal vein as well as main portal vein are attenuated but appear grossly patent. Gallstones are present. Mild dilatation of the intrahepatic ducts. Distal oesophageal varices are present due to portal hypertension. The spleen is not enlarged. No focal lesion in the pancreas. No adrenalmass. No hydronephrosis or solid renal mass. There are subcentimetre para-aortic lymph nodes which are not enlarged. Small amount of ascites. There is no dilatation of the bowel loops. No gross abnormality in the urinary bladder. Degenerative changes are assessed present in the bones. The bones are osteopenic. CONCLUSION Scarring in the lungs. No CT evidence of pulmonary metastasis. The small anterior mediastinal and right supradiaphragmatic lymph nodes are not overtly enlarged and stable, nonspecific. Multifocal HCC in both lobes of the liver. It is difficult to compare with previous unenhanced CT. The right and left portal veins as well as main portal veins are attenuated but largely patent. There is portal hypertension. May need further action Finalised by: <DOCTOR>

Accession Number: 9425e0be0bdfd453d8e3b9419760b65fbc3983af6a4edd933ca0a8da885d40a7

Updated Date Time: 09/1/2019 14:25

## Layman Explanation

This radiology report discusses HISTORY Multifoccal HCC TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison with previous unenhanced study dated 22 October 2018 from NCC. Stable small right pleural effusion. There is no significant left pleural effusion or pericardial effusion. Stable small prevascular lymph node, nonspecific. No significantly enlarged axillary or hilar lymph node. There is volume loss of the right upper lobe. Tiny calcified granuloma in the left lung. No suspicious pulmonary mass. The visualised mediastinal vasculature is patent. Subcentimetre right supradiaphragmatic lymph nodes are stable. Multifocal hypervascular masses in both hepatic lobes, in keeping with multifocal HCC. Hyperdense deposition of Lipiodol is present in the right hepatic lobe. Surgical clips from prior segmentectomy is also present. The right and left portal vein as well as main portal vein are attenuated but appear grossly patent. Gallstones are present. Mild dilatation of the intrahepatic ducts. Distal oesophageal varices are present due to portal hypertension. The spleen is not enlarged. No focal lesion in the pancreas. No adrenalmass. No hydronephrosis or solid renal mass. There are subcentimetre para-aortic lymph nodes which are not enlarged. Small amount of ascites. There is no dilatation of the bowel loops. No gross abnormality in the urinary bladder. Degenerative changes are assessed present in the bones. The bones are osteopenic. CONCLUSION Scarring in the lungs. No CT evidence of pulmonary metastasis. The small anterior mediastinal and right supradiaphragmatic lymph nodes are not overtly enlarged and stable, nonspecific. Multifocal HCC in both lobes of the liver. It is difficult to compare with previous unenhanced CT. The right and left portal veins as well as main portal veins are attenuated but largely patent. There is portal hypertension. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

No diseases detected.  
No specific organs mentioned.  
No symptoms mentioned.